

## **ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2012 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

	1311 ent Period)	,1311 (Prior Period)	NAIC Company Code _	95844	Employer's ID Number _	38-2242827			
Organized under the Laws o	,	Michigan	. Sta	te of Domicile	e or Port of Entry	Michigan			
Country of Domicile		<u> </u>		ed States					
Licensed as business type:	•	nt & Health [ ]	Property/Casualty [ Vision Service Corp Is HMO, Federally	oration [ ]	Hospital, Medical & Dental Ser Health Maintenance Organizates [ X ] No [ ]	,			
Incorporated/Organized		06/27/1978	Commen	ced Business	02/08/19	079			
Statutory Home Office									
otatutory frome office			est Grand Boulevard Detroit, MI, US 48202 treet and Number) (City, State, Country and Zip Code)						
Main Administrative Office			2850 V	Vest Grand B	oulevard				
De	troit, MI, US	48202		(Street and Numb	er) 313-872-8100				
	State, Country an				(Area Code) (Telephone Number)				
Mail Address		West Grand Boulevard	<u>.</u> ,		Detroit, MI, US 48202 (City, State, Country and Zip Code				
Primary Location of Books a	•	et and Number or P.O. Box)		2850 West	(City, State, Country and Zip Code t Grand Boulevard	÷)			
Filliary Location of Books a	na Necoras				et and Number)				
	troit, MI, US				248-443-1093				
	state, Country an	a zip Code)			ea Code) (Telephone Number) (Extension	)			
Internet Web Site Address		Dianna Ronan		ww.hap.org					
Statutory Statement Contact	Statutory Statement Contact Diar				248-443-1093 (Area Code) (Telephone Number) (E	Extension)			
	dronan@hap.org (E-Mail Address)				248-443-8610 (Fax Number)				
Name William R Alvin Jeanne Dunk		Title President and Secretary		Name Ronald W Irita B Matth	Berry,	Title Treasurer stant Secretary			
William R Alvin		<b>DIRE</b> Cindy Bala-Brusil	CTORS OR TR	JSTEES Marvin W E	Beatty Sha	ari Burgess #			
Sandra A Cavette #	<u> </u>	William A Conw	ay MD L	auren B Fost	er CPA # Joyce	v Hayes-Giles			
Jamie C Hsu Ph D Robin Scales-Woote		Kirk J Lewi Nancy Schlich		Jackie Ma Rebecca R		uerite S Rigby #			
State of	J	ss							
above, all of the herein describe that this statement, together wi liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective	ed assets were th related exh a affairs of the cordance with s or regulation ely. Furthermo copy (except	the absolute property of bits, schedules and exp e said reporting entity as the NAIC Annual Statem is require differences in re, the scope of this atte for formatting differences	f the said reporting entity, fr lanations therein contained, of the reporting period state ent Instructions and Account reporting not related to account station by the described offi	ee and clear from annexed or reset above, and coing Practices arounting practice cers also include	said reporting entity, and that on the said reporting entity, and that on the said leaves of the said leaves and deductions therefored and Procedures manual except to the sand procedures, according to the des the related corresponding electratement. The electronic filing may	ept as herein stated, and ent of all the assets and om for the period ended, e extent that: (1) state law best of their information, ronic filing with the NAIC,			
William R			Ronald W Berry		Jeanne Secret				
Subscribed and sworn to bday of	efore me this	3	Treasurer	b. If 1. 2.	Secret this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [X]No[]			

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	,	,				
Group subscribers:		İ				
Federal Employees Health Benefit Plan	8,779,060					8,779,060
City of Detroit	2,343,004	2,320,524	2,449,506			7,113,034
Group subscribers: Federal Employees Health Benefit Plan	2,999,940	1,015,830	138,307			4,154,077
0299997 Group subscriber subtotal	14,122,004	3,336,353	2,587,814	0	J0	20,046,171
0299998 Premiums due and unpaid not individually listed	9,513,366					9,513,366
0299999 Total group	23,635,370	3,336,353	2,587,814	0	J0	29,559,537
0399999 Premiums due and unpaid from Medicare entities	8,794,005					
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	32,429,375	3,336,353	2,587,814	0	0	38,353,542

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7						
Name of Debtor	1 - 30 Days	3 31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted						
O199998 - Aggregate of amounts not individually listed above.  O199999 - Totals - Pharmaceutical rebate receivables  O699998 - Aggregate of amounts not individually listed above.  O699999 - Totals - Other Receivables	3,187,666	31 - 00 Days	01-90 Days	Over 90 Days	Nonadiffitted	3,187,666						
0.139390 Aggregate of alliquitts not intrividually fisted above.	3,187,666		0		^	3,107,000						
U199999 - TOTALS - PHARMACEUTICAL FEDALE FECETVADIES	3, 187,000	0	U	U	0	3,187,666 6,355,422						
069998 - Aggregate of amounts not individually listed above.	6,355,422					6,355,422						
0699999 - Totals - Other Receivables	6,355,422	0	0	0	0	6,355,422						
		1										
		<u> </u>		<u> </u>								
		1			1							
					1							
		T										
		<u> </u>	†		†							
		·	<b>†</b>		1							
		·	·		<u> </u>							
	†	†	†		1							
	·	†	<b>†</b>		†							
	+	<u> </u>	<b>†</b>		<del> </del>							
	+	<u> </u>	<b>†</b>		<del> </del>							
		†····	†····		†····							
770000 C ba-14b	0.540.000				0	0.542.000						
0799999 Gross health care receivables	9,543,088	0	0	0	0	9,543,088						

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
0199999 Individually listed claims unpaid		Λ		Λ		l					
0299999 Aggregate accounts not individually listed-uncovered	2,802,990	733,252	10,023	217	13,615						
0399999 Aggregate accounts not individually listed-covered	31,514,772	1,756,292	285,021	136,487	98,184	33,790,756					
0499999 Subtotals	34,317,762	2,489,544	295,044	136,704	111,799	37,350,853					
0599999 Unreported claims and other claim reserves				,	,	83,712,497					
0699999 Total amounts withheld						17,417,231					
0799999 Total claims unpaid						138,480,581					
0899999 Accrued medical incentive pool and bonus amounts						4,256,207					

### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	1 4	5	6		Admitted	
·	_		·			7	8	
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current	
Alliance Health and Life Insurance Co	4,328,107		1			4,328,107		
Midwest Health Plan Inc	1,040,570					1,040,570		
HAP Preferred Inc.	629,029					629,029		
Henry Ford Health Systems	376,627					376,627		
0199999 Individually listed receivables	6,374,332 56,482	<u> </u> 0	0	0	0	6,374,332 56,482	0	
0399999 Total gross amounts receivable	6,430,814	0	0	0	0	6,430,814	C	

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Alliance Health and Life Insurance Co	Management fees and reimbursements. Health Choice plan for HFHS	1,594,630	1,594,630	
HAP Preferred Inc	Health Choice plan for HFHS	1,196,151	1 , 196 , 151	
0199999 Individually listed payables. 0299999 Payables not individually listed		2,790,782	2,790,782	0
0299999 Payables not individually listed				
0399999 Total gross payables		2,790,782	2,790,782	0

#### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		47 .5	175,671	51.3	684,083,219	123,100,206
2. Intermediaries		0.0		0.0		
3. All other providers	6,273,418	0.4	166,593	48.7		6,273,418
Total capitation payments		47 .9	342,264	100.0	684,083,219	129,373,624
Other Payments:						
5. Fee-for-service		1.9	xxx	XXX	5,344	31,922,737
6. Contractual fee payments		49 . 4	XXX	XXX	78,617,268	760,766,094
7. Bonus/withhold arrangements - fee-for-service		0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments		0.9	XXX	XXX	13,354	14,874,887
9. Non-contingent salaries			Lxxx	XXX	· ·	
10. Aggregate cost arrangements			Lxxx	XXX		<u> </u>
11. All other payments		0.0	XXX	XXX		
12. Total other payments	886, 199, 684	52.1	XXX	XXX	78,635,966	807,563,718
13. Total (Line 4 plus Line 12)	1,699,656,527	100 %	XXX	XXX	762,719,185	936,937,342

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS WITH INTERMEDIARIES											
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized							
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC							
	NONE											
	INCINE											
				<b></b>								
9999999 Totals			XXX	XXX	XXX							

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	6,247,269		5,360,026	0	887,244	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	6,247,269	0	5,360,026	0	887,244	0

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit Michigan

								(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE C	OF Michigan			DURING THE YEAR 2	012			NAI	95844	
	1	Compret (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	331,214	2,068	271,249				18,619	39,278		
2 First Quarter	345,576	1,902	283,848				19,728	40,098		
3 Second Quarter	342,859	1,781	281,122				19,665	40,291		
4. Third Quarter	343,581	1,720	281,652				19,548	40,661		
5. Current Year	342,264	1,648	280,362				19,493	40,761		
6 Current Year Member Months	4,128,664	21,518	3,386,882				235,920	484,344		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,399,648	870	1,083,438				73,385	241,955		
8. Non-Physician	89,392	10	58,029				4,395	26,958		
9. Total	1,489,040	880	1,141,467	0	0	0	77,780	268,913	0	
10. Hospital Patient Days Incurred	226,838	794	78,016				6,293	141,735		
11. Number of Inpatient Admissions	46,369	174	18,972				1,465	25,758		
12. Health Premiums Written (b)	1,883,970,836	10,013,699	1,261,461,591				113,652,152	498,843,394		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,883,970,836	10,013,699	1,261,461,591				113 , 652 , 152	498,843,394		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,699,656,527	9,012,850	1,135,380,999				99,809,377	455,453,301		
18. Amount Incurred for Provision of Health Care Services	1,707,495,571	9,064,833	1,141,929,568				100,718,537	455,782,633		

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_\_and number of persons insured under indemnity only products 0\_\_\_\_

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.................498,843,394



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit Michigan

	-							(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE C	F Consolidated			DURING THE YEAR 2	012			NA NA	95844	
	1	Comprel (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	331,214	2,068	271,249	0	0	0	18,619	39,278	0	
2 First Quarter	345,576	1,902	283,848	0	0	0	19,728	40,098	0	
3 Second Quarter	342,859	1,781	281,122	0	0	0	19,665	40,291	0	
4. Third Quarter	343,581	1,720	281,652	0	0	0	19,548	40,661	0	
5. Current Year	342,264	1,648	280,362	0	0	0	19,493	40,761	0	
6 Current Year Member Months	4,128,664	21,518	3,386,882	0	0	0	235,920	484,344	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,399,648	870	1,083,438	0	0	0	73,385	241,955	0	
8. Non-Physician	89,392	10	58,029	0	0	0	4,395	26,958	0	
9. Total	1,489,040	880	1,141,467	0	0	0	77,780	268,913	0	
10. Hospital Patient Days Incurred	226,838	794	78,016	0	0	0	6,293	141,735	0	
11. Number of Inpatient Admissions	46,369	174	18,972	0	0	0	1,465	25,758	0	
12. Health Premiums Written (b)	1,883,970,836	10,013,699	1,261,461,591	0	0	0	113,652,152	498,843,394	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,883,970,836	10,013,699	1,261,461,591	0	0	0	113,652,152	498,843,394	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,699,656,527	9,012,850	1, 135, 380, 999	0	0	0	99,809,377	455,453,301	0	
18. Amount Incurred for Provision of Health Care Services	1,707,495,571	9,064,833	1,141,929,568	0	0	0	100,718,537	455,782,633	0	1

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_\_and number of persons insured under indemnity only products 0\_\_\_\_

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..............498,843,39

Schedule S - Part 1 - Section 2

**NONE** 

Schedule S - Part 2

**NONE** 

Schedule S - Part 3 - Section 2

**NONE** 

Schedule S - Part 4

**NONE** 

Schedule S - Part 5

**NONE** 

Schedule S - Part 6

**NONE** 

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	439,968,647		439,968,647
2.	Accident and health premiums due and unpaid (Line 15)	38,353,542		38,353,542
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	21,676,538		21,676,538
6.	Total assets (Line 28)	499,998,727	0	499,998,727
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	138,480,581	0	138,480,581
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,256,207		4,256,207
9.	Premiums received in advance (Line 8)	16,904,541		16,904,541
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.				0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	108,902,876		108,902,876
15.	Total liabilities (Line 24)	268,544,205	0	268 , 544 , 205
16.	Total capital and surplus (Line 33)	231,454,521	XXX	231,454,521
17.	Total liabilities, capital and surplus (Line 34)	499,998,727	0	499,998,727
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Direct Business Only						
	2 Annuities (Group and Individual)	1 Life (Group and Individual)	States, Etc.			
			naAL			
				2. Alaska		
				3. Arizona		
				4. Arkansas		
			niaCA			
			doCO			
			cticutCT			
			areDE			
				District of Columbia		
			FL			
			aGA	-		
			Hl			
			ID			
				14. Illinois		
			ı			
			JA			
			sKs			
			kyKY	•		
				19. Louisiana		
			ME			
			ndMD	•		
			chusettsMA			
			anMI	23. Michigan		
			otaMN	24. Minnesota		
			sippiMS	25. Mississippi		
	<u>-</u>		riMO	26. Missouri		
		N	naMT	27. Montana		
			kaNE	28. Nebraska		
			aNV	29. Nevada		
			ampshireNH	30. New Hampshire		
			erseyNJ	31. New Jersey		
			exicoNM	32. New Mexico		
			orkNY	33. New York		
			CarolinaNC	34. North Carolina		
				35. North Dakota		
			OH			
			maOK	37. Oklahoma		
			ıOR			
			/IvaniaPA			
			IslandRI			
			Carolina SC			
			Dakota			
				43. Tennessee		
				44. Texas		
			UT			
				46. Vermont		
			ıV1VA			
			ngtonWA			
			igtoriWA			
			ŭ	•		
			sinWI			
			ate Other AlienOT	58. Aggregate Other Alien		
			ng	52. American Samoa		

### 4

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	_					_								
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15
						Exchange if					Board,	If Control is	Ultimate	
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
	Henry Ford Health Systems	05044	20 2042027				Health Alliance Plan of	MI	DC	Hanny Fand Haalth Cyatan	O	100.0	Henry Ford	0
	GroupHenry Ford Health Systems	95844	38 - 2242827				Michigan	IWI I	DS	Henry Ford Health System Health Alliance Plan of	Ownership	100.0	Health System Henry Ford	0
	Group		38-2513504				HAP Preferred Inc		DS	Michigan	Ownership	100 0	Health System	0
	Henry Ford Health Systems		2010001				Alliance Health and Life			Health Alliance Plan of	. oor or rp		Henry Ford	
	Group	60134	38-3291563				Insurance Company	MI	DS	Michigan	Ownership	100.0	Health System	0
	Henry Ford Health Systems						Administration System Research			Health Alliance Plan of	,		Henry Ford	
	Group		. 38 - 265 1185			ļ	Corporation		DS	Michigan	Ownership	66.7	Health_System	0
	Henry Ford Health Systems		27 - 0449055				HAP Community Alliance		De	Health Alliance Plan of	Ownershin	100.0	Henry Ford Health System	0
	GroupHenry Ford Health Systems						Physicians Care Health		DS	Michigan Health Alliance Plan of	Ownership	100.0	Henry Ford	. 0
	Group		20-8423038				. Management		DS	Michigan	Ownership	100 0	Health System	0
	Henry Ford Health Systems		20 0120000				l managonion t			Health Alliance Plan of	. o o o p		Henry Ford	
	Group.	95814	38-3123777				Midwest Health Plan, Inc	MI	DS	Michigan	Ownership	100.0	Health System	0
	Henry Ford Health Systems										,			
	Group		38 - 1357020				Henry Ford Health System		UDP			0.0		0
	Henry Ford Health Systems		38-3497140				CuraNet Inc		DS	Health Alliance Plan of	O	100.0	Henry Ford	0
	GroupHenry Ford Health Systems						CuraNet Inc			Michigan	Ownership	100.0	Health System Henry Ford	. 0
	Group		38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100 0	Health System	0
	Henry Ford Health Systems		100 270 1020				First Optometry Vision Plans,			l	. O WITO TOTT P		Henry Ford	
	Group.		38 - 2594841				Inc.		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems										,		Henry Ford	
	Group		. 38 - 1368330			ļ	Detroit Osteopathic Hospital		NIA	Henry Ford Health System	Ownership	100.0	Health_System	0
	Henry Ford Health Systems		38-2947657				Hanry Ford Masomb Hanrital		NIA	Henry Ford Health System	Ownershin	100.0	Henry Ford Health System	
	GroupHenry Ford Health Systems						Henry Ford Macomb Hospital		NTA	henry rord hearth system	Ownership	100.0	Henry Ford	0
	Group		38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	100 0	Health System	0
	Henry Ford Health Systems						I THO OT MOTOY MACONID			, ,	· ·		Henry Ford	
	Group		38-2679527				Horizon Properties Inc		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems						Mercy Mt. Clemens Real Estate,			l	l		Henry Ford	
	Group		38 - 2947657				LLC		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems Group		38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership.	100.0	Henry Ford Health System	0
	Henry Ford Health Systems						Trairrane nearth services corp		INTA	Themy Ford hearth System	. Owner Sirip	100.0	Henry Ford	
	Group	1	38 - 1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100 0	Health System	n
	Henry Ford Health Systems									January 1 or a modifier of octonium.			Henry Ford	
	Group.		38 - 2433285				Henry Ford Continuing Care Corp.		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems	1					Henry Ford Health Care Corp			l			Henry Ford	
	Group		38 - 6553031				Self Funded Liability Plan		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems Group		23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems					1	.ii ouiidat ioii		IN I A	inemy ruiu neattii systeiil I	.i ownersiiip		Hearth System Henry Ford	0
	Group	1	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership.	100 0	Health System	n
	Henry Ford Health Systems												Henry Ford	
	Group		38 - 3232668				Northwest Detroit Dialysis		NIA	Henry Ford Health System	Ownership	56.3	Health System	0
	Henry Ford Health Systems	1							l	l			Henry Ford	
	Group		34 - 1877956			ļ	Dialysis Partners of NW Ohio		NIA	Henry Ford Health System	Ownership	J57.0	Health System	.[0

## SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code Group Name Code Number RSSD CI	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary	Relationship to Reporting		Type of Control (Ownership, Board, Management,	If Control is Ownership	Ultimate Controlling	
Group Company ID Federal	Exchange if Publicly Traded (U.S. or	Parent Subsidiaries				Board, Management,	Ownership		
Group Company ID Federal	Publicly Traded (U.S. or	Parent Subsidiaries				Management,	Ownership		
Group Company ID Federal	Traded (U.S. or	Parent Subsidiaries							
Code Group Name Code Number RSSD CI	CIK International)	or Affiliates			Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
			Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
Henry Ford Health Systems		Manage Danisarah Dialamia		NII A	Harris Frank Harlith Origina	0	00.0	Henry Ford	0
Group		Macomb Regional Dialysis		NIA	Henry Ford Health System	Ownership		Health System	0
Group 38-1378121		Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
Henry Ford Health Systems		ona Rearty Corp			TIOTITY TOTA TIOATETT SYSTEM	0#11G13111p	100.0	Henry Ford	
Group. 90-0659735		Center for Senior Independence		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
Henry Ford Health Systems					, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		Henry Ford	
Group. 26 - 3896897		Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
Henry Ford Health Systems							400.0	Henry Ford	0
Group 38-3193008 38-3193008		Downriver Center for Oncology		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
Henry Ford Health Systems Group 38-3322462		P Cor . LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
Henry Ford Health Systems		First Optometry Eye Care			TIETT Y TOTA TEATER SYSTEM	Owner Sirrp	100.0	Henry Ford	
Group 38-2299059		Centers, Inc.		NIA	Henry Ford Health System	Ownership	100.0	Health System	0

Asterisk	Explanation

#### 4.

## **SCHEDULE Y**

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

NAIC   Company   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Combinations   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent, Subsidiarise or Affiliates   Pederal D   Names of Insures and Parent,	1	2	3	4	5	6	. 7	8	9	10	11	12	13
Code   Number   Names of Insurers and Parent, Substitutions on Affiliates   Dividends   Contributions Investments   Affiliates   Service Contracts   Agreements   * Business   Totals   Takenyil.		Federal ID		Shareholder	Capital	Exchanges of Loans, Securities, Real Estate, Mortgage	Incurred in Connection with Guarantees or Undertakings for the	Management Agreements and	(Disbursements) Incurred Under		Activity Not in the Ordinary Course of		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
18-24/287	Code	Number			Contributions		Affiliate(s)	Service Contracts		*			Taken/(Liability)
33-291563	95844	. 38-2242827	Health Alliance Plan of Michigan.					(623.564.318)				(623,564,318)	
Satisface   Sati		38-2513504	HAP Preferred Inc.					11,463,864				11,463,864	
Satisface   Sati	50134	. 38-3291563	Alliance Health and Life Insurance Compa					(37,085,464)				(37,085,464)	
38-2594941   First Optionetry		138-135/020	Henry Ford Health System					5/8,034,370		ļ	ļ	5/8,034,370	
September   Sept		138-2/91823	Henry Ford Wyandotte					35,416,096		ļ	ļ	35,416,096	
September   Sept		138-2594841	FIRST Uptometry			·		44,667		ļ	<b></b>	44,667	
38-3193008   1,000 (88   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   1,0		138-1368330	Detroit Usteopathic Hospital			-		5,816		ļ	<del> </del>	5,816	
38-3193008   1,000 (88   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   38-243285   1,000 (88   1,0		138-294/65/	Henry Ford Wacomb Hospital			-		49,220,718		ļ	<del> </del>	49,220,718	
38-243395   HFI-Pelmont Mursing   1,557,705   1,557,705   39-3232402   PC ILC   2,951,014		20-3890897	Henry Ford West Bloomfleid					501,698			<del> </del>	501,698	
38-332/240E   P. Cor LLC		138-3193008	Downriver Cancer Center			-		1,000,058		ļ	<del></del>	1,000,058	
38-323778   Midwest Health Plan   (24, 817, 430)   (24, 8		. 38 - 2433285	HFH-Beimont Nursing.					1,557,705		ļ	·		
38-2322668. Northwest Detroit Dialysis Centers LC. 28-042581. Machine Regional Dialysis Centers LC. 28-042581. Machine Regional Dialysis Centers LC. 2707.369 38-265185. ASR Sys Res Corp.		. 38-3322402	Midweet Health Dies					Z,901,014			·		
26-04/23881 Wacomb Regional Dialysis Centers LLC.  707.369 38-2651185 ASR Sys Res Corp.  (56.482)  (56.482)	900 14	. 30-3123///	Midwest Reduction Fields Contains					(24,017,430)			ł	(24,017,430)	
33-2651185 ASR Sys Res Corp. (56, 482) (56, 482)		1 30 - 32 32 000	Mocomb Pagional Dialysis Centers IIC			<b>-</b>		707 260		·····	<b>†</b>	707 260	
		20-0423301	Maconib Regional Diarysis Centers LLC			<b>-</b>		107,309		·····	+	107,309	
		30-2001100	ASK SYS RES COTP			-		(30,402)		<del> </del>	<del> </del>	(30,402)	
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#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.		YES
2.	•	YES
3.		YES
4.		YES
5.	APRIL FILING  Will Management's Discussion and Analysis be filed by April 1?	YES.
6.		YES
7.		YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code open to be specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code opplement is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following ons.	e will be printed below. If
	MARCH FILING	
11.		N0
12.		NO
13.		SEE EXPLANATION
14. 15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	SEE EAPLANATION
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	NO
17.	·	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
21.		NO
22. 23.	· · · · · · · · · · · · · · · · · · ·	N0N0N0
24.		YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	
		YES
26.	AUGUST FILING  Will Management's Penert of Internal Central Over Financial Penerting he filed with the state of demicile by August 12	YES
20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	I LO
Explar	nation:	
11.		
12.		
13.		
14. HA	P is not a stock company	
15.		
16.		
17. HA	P offers Mdeicare Part D through a Medicare Advantage Plan	
18. HA	P has no plans to seek such approval	
19. HA	P has no plans to seek such approval	
20. HA	P has no plans to seek such approval	

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

## **OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25. \*ASSETS - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Other Assets	57 ,843		57 ,843	57 , 843
2505.			0	
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	57,843	0	57,843	57,843

M003 Additional Aggregate Lines for Page 03 Line 23.
\*LIAB - Liabilities

1	2	3	4
Covered	Uncovered	Total	Total
		993,865	924,030
		0	5,030,000
993,865	0	993,865	5,954,030
	993,865		993,865

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